



730 Topeka
P.O. Box 287
Lyndon, KS 66451-0287
Phone: 785 828-3146

CITY OF LYNDON, KANSAS

Permit #: _____
Fee: \$ 35.00

**ZONING APPEAL OF
ADMINISTRATIVE DECISION**
Board of Zoning Appeals

Date Paid: _____

For Office Use Only

Permit No: _____
Date Advertised: _____
Date Notices Sent: _____
Public Hearing Date: _____
Board of Zoning Appeals Determination: _____

This application must be turned in to the City Clerk at least twenty (20) days prior to the Planning & Zoning Commission meeting. The Planning Commission meets on the first Monday of every month.

APPLICANT: _____ PHONE: _____
ADDRESS: _____ ZIP: _____
EMAIL: _____

PROPERTY OWNER: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION (Please use the legal description off property deed):

Date Applicant met with Zoning Administrator: _____

Section of Zoning Ordinance being Appealed: _____

Explanation of Decision Being Appealed: _____

Present Use of Property: _____

Proposed Use of Property: _____

Is a Drawing Required? _____ Yes _____ No

Is a List of Adjoining Property Owners Required? _____ Yes _____ No

IF Attachments are Required please submit:

- ✓ Site plan showing existing and proposed structures on the property in question, and adjacent property, off-street parking, driveways, and other information.
- ✓ Certified list of property owners within 200 feet of property. This can be obtained from the **Osage County Mapping Department** located at 717 Topeka, Lyndon, KS.

APPLICANT'S SIGNATURE: _____ DATE: _____

Zoning Appeal of Administrative Decision City of Lyndon, Kansas

Date of Hearing: _____

Permit No: _____

BZA Determination: Affirm _____ Reverse/Modify _____

Comments or Conditions: _____

Planning Commission Chairperson

Planning Commission Member

Planning Commission Member

Planning Commission Member

Planning Commission Member

Date